

Date\_\_\_\_\_

## Checklist for Employee

- ☐ If you already have an account(s), did you put your GET Account number(s) on the form? If you do not have an account, did you attach an Enrollment Form along with the \$50 enrollment fee?
- ☐ Did you list your Agency Name and Agency Payroll/Benefit office telephone number in Section V?
- ☐ Are your deductions in Section II for a minimum of \$20 for each GET account? Did you use whole numbers?
- ☐ Did you write the total of your deductions in the Authorized Monthly Payroll Deduction Amount box of Section II?
- ☐ Did you indicate your desired effective date for the payroll deduction or change to take effect in Section III? Did you mark the desired action in Section III?
- ☐ Did you sign exactly as your name appears on the form?

After completion of this form, make a copy for your records and send the original to the GET program.

GET Program – Payroll Deduction  
PO Box 43450  
Olympia, WA 98504-4350

If you have questions call 1-800-955-2318.

If you wish to increase or decrease your deduction, or to change the amount of the deduction for one or more beneficiaries, complete a new form with the new information and send it to GET. Make sure that Section II is completed accurately and that it matches any amount shown in Section III.